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UNITED STATES ECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR IFORM LIMITED OFFERING EXEMPTION

OMB APPF	ROVAL
OMB Number:	3235-0076
Expires: Novem	ber 30, 2001
Estimated average	ge burden
hours per respon	

SEC USE ONLY					
Prefix		Serial			
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• • • • • • • • • • • • • • • • • • • •	this is an amendment and name has changed, - MPAC CORPORATION - \$100,	
Filing Under (Check box(es) that		
Type of Filing: New Filing	☐ Amendment	
	A. BASIC IDENTIFICATION	DATA
1. Enter the information requeste	d about the issuer	
Name of Issuer (☐ check if thi MPAC CORPORATION	is is an amendment and name has changed, and	d indicate change.)
Address of Executive Offices	(Number and Street, City, State, Zip	Code) Telephone Number (Including Area Code)
3838 Camino Del Ri	o North, Suite 333, San Di	ego, CA 92108 (619) 280-8000
Address of Principal Business Op (if different from Executive Office		Code) Telephone Number (Including Area Code)
Brief Description of Business		
Manufacturer of ag	ricultural chemicals	
		PROCESS
Type of Business Organization Street Components of Compon	☐ limited partnership, already formed	
☐ business trust	☐ limited partnership, to be formed	other (please specify): MAY 1 0 2002
Actual or Estimated Date of Inco	orporation or Organization: Month Yea 9	THOMSON 8 Ø Actual © Estimated FINANCIAL
Jurisdiction of Incorporation or 0	Organization: (Enter two-letter U.S. Postal Ser CN for Canada; FN for other fo	
		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrate in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely. failure to file the appropriate federal notice will not result in a loss of an available state exemption unless saci exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDEN	TIFICATION DATA		
2. Enter the information requested for the following:			
• Each promoter of the issuer, if the issuer has been organiz	ed within the past five yes	ars;	
 Each beneficial owner having the power to vote or dispose, securities of the issuer; 	or direct the vote or dispe	osition of, 10%	or more of a class of equity
Each executive officer and director of corporate issuers and	of corporate general and n	nanaging partne	rs of partnership issuers; and
 Each general and managing partner of partnership issuers. 			
Check Box(es) that Apply: Promoter Beneficial Owner	🗱 Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) SMITH, ADAM J.C.			
Business or Residence Address (Number and Street, City, State, 3838 Camino Del Rio North, #333, San		08	
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	XX Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) LAIDLAW, MICHAEL			
Business or Residence Address (Number and Street, City, State, 3838 Camino Del Rio North, #333, San		08	
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) UPPAL, PAUL			
Business or Residence Address (Number and Street, City, State,	Zip Code)		
3838 Camino Del Rio North, #333, San	Diego, CA 921	08	
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual) UPPAL, DAVID			
Business or Residence Address (Number and Street, City, State, 3838 Camino Del Rio North, #333, San		0867	
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State,	Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)	## ## ## ## ## ## ## ## ## ## ## ## ##		
Business or Residence Address (Number and Street, City, State,	Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State,	Zip Code)		
(Use blank sheet, or copy and use add	itional copies of this shee	t, as necessary.)	

			Car Si	- B. I	NFORMA	TION AB	OUT OFF	ERING	(17 July 1				
1. Has	the issuer	sold, or de	oes the iss	uer intend	to sell, to	non-accre	dited inves	tors in thi	s offering:	?	•••••	Yes . D	No
			An	swer also	in Append	ix, Colum	n 2, if fili	ng under U	JLOE.			-	_
2. Wha	t is the mi	nimum in						-		• • • • • • • • • •		ç 5	0,00
											••••••	Yes	No
3. Does	the offeri	ng permit	joint own	ership of a	a single un	it?				• • • • • • • • • •		. 🗵	
sion (to be list tl	or similar r : listed is a	emunerati n associate f the broke	on for soliced person of er or deale	citation of or agent of r. If more	purchasers a broker of than five of	in connect or dealer r (5) persons	tion with si egistered w to be liste	ales of securith the SE ed are asso	rities in the C and/or	directly, are offering. with a statesons of suc	If a persone or states	n S,	
Full Name	(Last nan	ne first, if	individua	1)	······································								
NOT	APPLIC	CABLE	•										
Business o	or Residence	e Address	(Number	and Street	, City, Sta	ate, Zip Co	ode)						
Name of A	Associated	Broker or	Dealer								·		
States in \	Which Pers	on Listed	Has Solic	ited or Int	ends to So	licit Purcl	nasers						
(Check	"All State:	s'' or chec	k individu	al States)		• • • • • • • • •	• • • • • • • • •	· · · · · · · · · · · ·				□ All S	States
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[MT]	[NE]	[NV]	[NH]	[N]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	<u> </u>
Business o	or Residence	e Address	(Number	and Street	, City, Sta	ate, Zip Co	ode)			· · · · · · · · · · · · · · · · · · ·			
Name of	Associated	Broker or	Dealer		·								
States in V	Which Pers	son Listed	Has Solic	ited or Int	ends to Sc	olicit Purch	nasers		· · · · · · · · · · · · · · · · · · ·		71		 -
(Check	"All State	s" or chec	k individu	al States)								□ All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	1
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[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	<u> </u>
Full Name	e (Last nan	ne first, if	individua.										
				•							··		
Business o	or Residenc	e Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)						
Name of A	Associated	Broker or	Dealer										
Ștates in \	Which Pers	son Listed	Has Solic	ited or Int	ends to So	licit Purch	asers					_	_
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[NI]	[NE] [SC]	[NV] [SD]	[NT]	[NJ] [TX]	[UT]	[NY] [VT]	[VA]	[WA]	[OH] [WV]	[OK] [WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	<u> </u>
	Equity	\$ 100,000	<u>\$100,000</u>
	☑ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	s
	Partnership Interests	S	s
	Other (Specify)	S	S
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		<u> </u>
	Non-accredited Investors	2	\$ 100,000
	Total (for filings under Rule 504 only)	2	\$ 100,000
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		_ S
	Regulation A		. S
	Rule 504		<u> </u>
	Total	· ·	s -0-
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		s
	Legal Fees		s
	Accounting Fees		S
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)) S
	Other Expenses (identify)		s
	Total		\$ 100,000

`				
	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND USE	OF PROCEED	S 10
t	. Enter the difference between the aggregate offer on 1 and total expenses furnished in response to 1 adjusted gross proceeds to the issuer."	Part C - Question 4.a. This difference is the		<u>\$ 100,000</u>
1	ndicate below the amount of the adjusted gross properties of the purposes shown. If the amount stimate and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth in	nt for any purpose is not known, furnish an e. The total of the payments listed must equal		
			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	🗆 \$.		O \$
	Purchase of real estate	🗆 \$.		O \$
	Purchase, rental or leasing and installation of i	machinery and equipment 🗆 \$		□ \$
	Construction or leasing of plant buildings and	facilities 🗆 \$.		□ s
	Acquisition of other businesses (including the voffering that may be used in exchange for the issuer pursuant to a merger) Repayment of indebtedness Working capital	assets or securities of another	-	□ \$
		O \$		
	Column Totals			⊠ \$ 100,000
	Total Payments Listed (column totals added) .		<u>k</u> x s <u> </u>	00,000
		. FEDERAL SIGNATURE	w	
ollo	issuer has duly caused this notice to be signed by twing signature constitutes an undertaking by the ist of its staff, the information furnished by the issue	the undersigned duly authorized person. If the sum of the U.S. Securities and Ex	change Commiss	sion, upon written re-
	PAC CORPORATION .	Signature M	Date Ap	ril <u>18</u> , 200
Nan	e of Signer (Print or Type)	Title of Signer (Print or Type)		
C	ARMINE J. BUA, III	Assistant Secretary and	General	Counsel

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No KX
See Appendix, Column 5, for state response.		

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

		<u> </u>
Issuer (Print or Type)	Signature	Date 16
MPAC CORPORATION		April /6 =, 2002
Name (Print or Type)	Title (Print or Type)	
CARMINE J. BUA, III	Assistant Secretary and G	eneral Counsel

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqual under Sta (if yes, explana waiver	ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited	A mount	Vac	
AL	16	140	<u>'</u>	III vestors	Amount	Investors	Amount	Yes	No
AK			· · · · · · · · · · · · · · · · · · ·		 				
AZ									
AR									
CA							· · · · · · · · · · · · · · · · · · ·		
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ME			· · · · · · · · · · · · · · · · · · ·						
MD									
MA									
MI									
MN									
MS									
МО									

APPENDIX

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item1)		amount pur	investor and chased in State C-Item 2)		Disqual under Sta (if yes, explana	ification te ULOE attach tion of granted) -Item1)
Stran	V	1 .7 -	. 4	Number of Accredited		Number of Non-Accredited	A 4	Waa	
State MT	Yes	No	<u>'</u>	Investors	Amount	Investors	Amount	Yes	No
NE									
NV					:				
NH									
NJ			<u></u>						
NM									
NY									2
NC							·		
ND						·			
ОН									
ОК									,
Non- U.S.	X		Common \$100,000	-0-	-0-	2	\$100,000		Х
PA		:							
RI									
SC									
SD	. <u>.</u> .								
TN				<u></u>					
TX									
UT									
VT									
VA									
WA									
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